

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/574084

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			1			
2				0		
3				0		
4				0		
5				0		
6				0		
7			1			
8				0		
9				0		
10				0		
11				0		
12				0		
13				0		
14				0		
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41				0		
42				0		
43				0		
44				0		
45				0		
46				0		
47				0		
48				0		
49				0		
50				0		
TOTAL IND.		↓	2	↓		↓
TOTAL DEP.		←	39	←		←
TOTAL CLAIMS			41			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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96						
97						
98						
99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						